

# Commercial Credit Application

**T** Name \_\_\_\_\_  
**O** Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Credit Mgr \_\_\_\_\_  
Phone \_\_\_\_\_

**F** Name \_\_\_\_\_  
**R** Address \_\_\_\_\_  
**O** City/State/Zip \_\_\_\_\_  
**M** E-Mail \_\_\_\_\_  
Phone \_\_\_\_\_

Business Type:  Sole Proprietor  Partnership  Corporation: State \_\_\_\_\_

How long in business: \_\_\_\_\_ D&B Number: \_\_\_\_\_

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

\_\_\_\_\_

\_\_\_\_\_

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number

\_\_\_\_\_

\_\_\_\_\_

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____